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HOSPITAL EQUIPMENT.

By M. E. McCalmont, Hospital Specialist and Consultant.

It is becoming more clearly understood daily that the question of hospital equipment is also a question of hospital economy. That to have simple but adequate equipment means less labor, less confusion and less waste. To have a standardized equipment means a considerable saving in the initial and subsequent cost.

An old hospital with antiquated furniture and a limited income generally regards the problem as hopeless, a state of affairs to be endured and continued, with the hope that some day some well-disposed person with plenty of money will come along and be moved to a degree of pity that will result in throwing all the undesirable, unsanitary stuff into the trash heap and buying a complete new outfit according to the modern standard.

There is really very little use in waiting for such a fairy tale to come true, though such cases may have been known to happen. There is a plan that is much more feasible for any hospital finding itself in such straits.

An instituion recently came to the notice of the writer, where the wards were filled with old style beds, rickety screens, wooden chairs (stained and with half the varnish off), wooden chiffoniers in the wards in lieu of aseptic supply closets, etc., etc. Their hospital was doing a tremendously big work, and all funds obtainable were necessary for the actual maintenance and running expenses. Various ladies' auxiliaries were undertaking the furnishing of furniture and supplies. When a chiffonier became broken down and unusable, a new one just like it was secured; if the chairs became too disreputable, a dozen or two new ones just like the old were donated. One day there might come a gift of several dozen tray cloths all too small for the trays; towels were as various in style and quantity as the temperaments and tastes of the vaarious donors. The result was a most undesirable hodge-podge. And this is doubtless the experience of a great percentage of the hospitals in this or any other country.

How is it to be corrected? Why, so simply that we can only wonder it has not been done before.

A committee is formed representing the various organizations expected to furnish such equipment, including without fail the Superintendent and Superintendent of Nurses. They jointly consult the catalogues of the most reliable firms making hospital furniture, or consult with some person making a business of such matters, and decide what is the most satisfactory type of bed for their needs, the most attractive style of ward chair, the most desirable medicine cabinet

and supply closet, the most suitable bedside table, etc. This is done with all articles of hospital furniture, the doctors being consulted on such articles as they are directly interested in. The designs are cut from the various catalogues and pasted into one which is to be kept on file in the Superintendent's office and known as the future standard of furniture for the hospital. Quotations should be secured from several reliable houses. It will be found that quotations from

Fig. I

Fig. VI

Fig. II.

each house can be obtained on all articles even though not selected from their particular catalogue. The prices and details of construction should be carefully studied. Too low a price generally means inferior workmanship, and the lowest price is sometimes the poorest of recommendations. Information should be sought as to the processes of manufacture. The question of seams, baking of enamel, making of joints, etc., is all most interesting, and figures largely in the general durability and ultimate economy of hospital furniture. There is a great deal of cheap furniture on the market at present; and Superintendents, if they are wise, will look into the subject and insist upon quality regardless of price, for here, as everywhere, the best is the cheapest.

All future purchases should then be made according to the selected styles. Any person desirous of furnishing a ward, or part of a ward, should be referred to the Superintendent's special catalogue, which would give prices and necessary data showing why this article was selected in preference to any other pattern.

If all equipment was purchased or donated accordingly, it would only be a few years before the hospital would find itself furnished with uniform and modern equipment.

Generally there are several organizations of ladies who make it their duty to supply the hospital linen. With so many individual donations it might seem impossible to ever obtain uniformity, desirable though it may be. Here, co-operation is the only solution. One representative from each organization should be selected to act on a joint committee. A consultation is held with the Superintendent and Superintendent of Nurses, the hospital needs discussed and a standard set for all future supplies. An estimate is made based upon the hospital records of how many of each article are purchased or donated during the year. By negotiating with a linen firm, making an initial purchase and with a guarantee of approximately so much each year, many of the big manufacturers will be found willing to have special linen made for the hospital, of standard sizes, stock pattern, and with the hospital name woven in. Any one then desiring to donate a few dozen napkins or towels to the hospital can purchase what they please from this stock and will have the happy consciousness of knowing that it is absolutely the right thing for the hospital. If a Superintendent would keep a list posted in the hall or office showing the articles the hospital was most greatly in need of, there is small doubt but what he would find the hospital better equipped than at any previous time in its history.

Strides have been taken within recent years in the perfection of hospital equipment, and yet it is remarkable to find in looking over the pages of one of

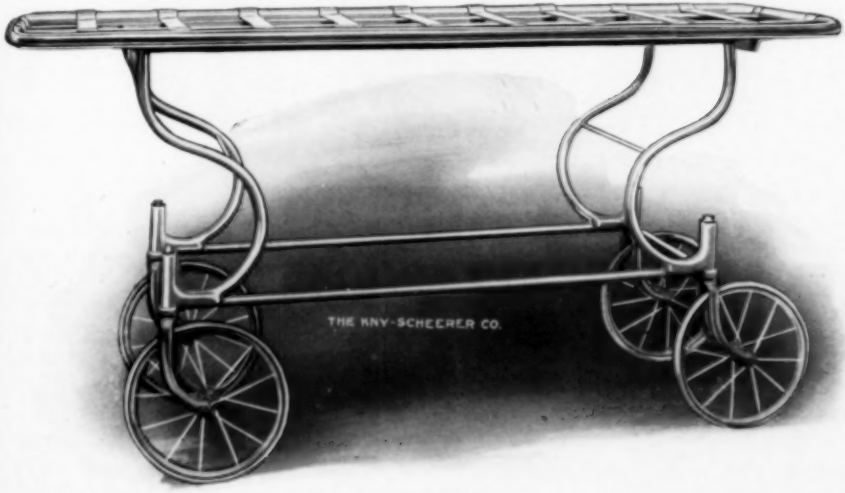


Fig. IV

the first catalogues of hospital equipment ever issued that many of the designs originally put on the market are still being sold, unmodified and unimproved. Operating tables are a notable exception. Here we find patterns without number, and wise is the Superintendent who refuses to assume any responsibility for the choice of this article of hospital equipment.

Only recently have bedside tables been obtainable with a towel rack in the

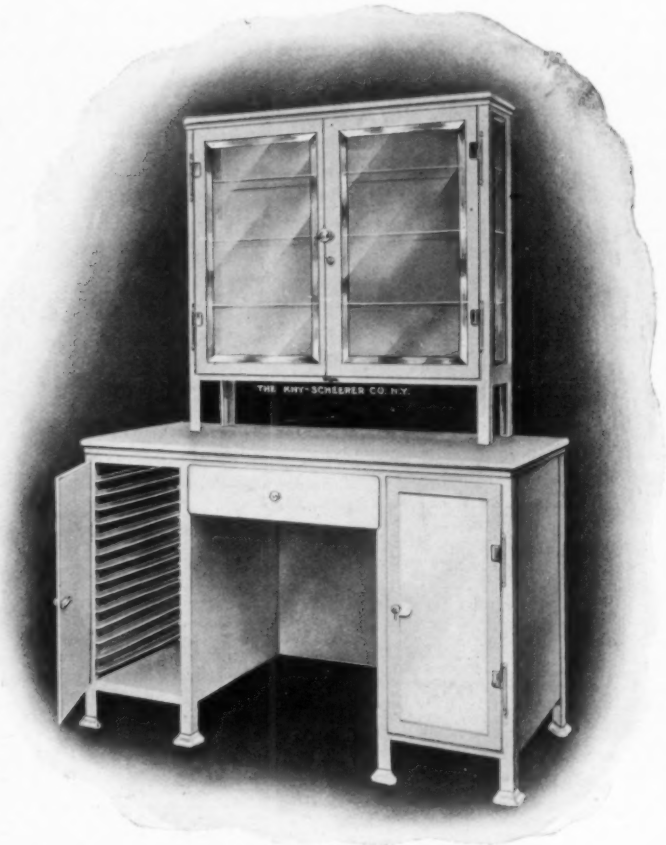


Fig. III

rear, yet how many head nurses have been driven to distraction by having towels and wet wash cloths stowed away beneath the mattresses.

Fig. 1 shows a sensible table adapted for the use of two patients. A division down the middle gives each one his own undisturbed section, with a towel bar apiece. In a hospital with limited means or limited floor space, this table will be found very economical and satisfactory.

Fig. II shows a comparatively new idea in medicine closets. A special compartment on the side is designed for poison. To this section the head nurse only has the key. This is a safeguard against the many ghastly accidents of

which we so often hear. The Post-Graduate Hospital of New York City has recently installed this style of cabinet.

Fig. III shows a practical combination of nurse's desk, chart receptacle and medicine closet. In many old hospitals where proper provision has not been made for a nurse's chart room, this combination piece of furniture will be found most convenient, especially as regards the disposition of charts.

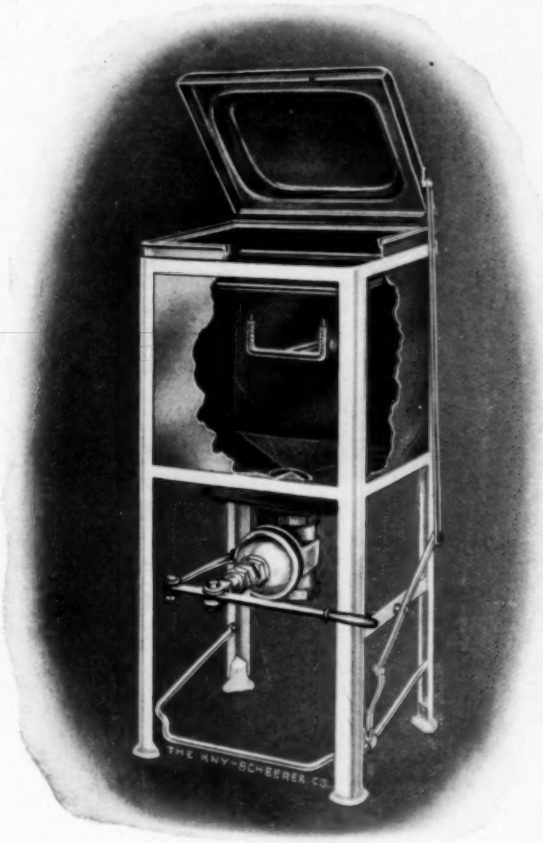


Fig. V

Fig. IV is a very serviceable and desirable form of stretcher. The removable top, which may be used as a litter at any time, has a rubber cushion tire encircling it. The knocking and marring of walls, corners and beds makes many a new hospital unsightly in a short time. This tire is designed to prevent such marring.

Fig. V shows a good model of bed pan and fecal sterilizer for typhoid cases. It sterilizes the contents of the pan in the steam chamber underneath the ster-

ilizing chamber, as well as thoroughly washing and sterilizing the pan. It is adaptable for the washing and sterilization of urinals as well.

Fig. VI shows a small instrument sterilizer with a clever arrangement by which the tray automatically comes out of the water by pressing the handles down to the side of the sterilizer. It is held there stationary and the awkward handling of the tray by means of hooks has become a thing of the past.

Fig. VII illustrates a carrier for an oxygen tank. The clumsy and noisy pulling, hauling or rolling of an oxygen tank into an operating room or ward is an inexcusable procedure when a carrier of this type can be obtained.

Lack of space makes the further illustration of some of the newest articles of hospital equipment impossible. It would be well, however, to mention the approaching popularity of the ward bed with four uprights and curtains on all sides, which can be drawn at any time to screen the patient. Until tried, it is impossible to realize how much labor in the pulling and adjustment of screens is saved by such beds. Screens are a constant expense and an unmitigated nuisance. Very few patterns that are at all desirable are on the market, and the back-breaking business of constantly enclosing beds with them is an unwarranted expenditure of time and effort. Until we realize the importance of treatment rooms in conjunction with each ward, these beds are the next best thing.

Fig. VII

As all the inconveniences and hardships of inadequate equipment fall upon the shoulders of the busy nurse, no one can know as well as she what is right and what is wrong. If things are inconvenient let her put her thought on how to make it less so.

Often times nurses have very practical ideas regarding improvement and modifications of hospital furniture and equipment. If they would be public spirited enough to put their ideas before hospital manufacturers we would soon have a greatly perfected and more nearly standardized line of modern hospital furniture.

When a standard is obtained, prices will decrease from 20 to 30 per cent. It is indeed not only a question of efficiency but a question of economy.

62 Pierrepont Street, Brooklyn, N. Y.

EQUIPMENT OF A LARGE HOSPITAL.

The new Toronto General Hospital will be one of the most complete in equipment in America, and while it will not adopt many of the fads which are so striking a feature in some institutions, will yet possess everything that is regarded as of necessity. In the surgical wing a complete operating suite will be provided on each floor, in fact the hospital will have no less than twelve operating rooms in different portions of the building. These rooms are comparatively small, it being thought not advisable to have too many students present at an operation.

All of the hospital proper will have its floor covered with a specially made battleship's linoleum laid in cement. This floor covering is of a pleasing and artistic shade of red, which will give the large wards an air of comfort so frequently lacking in hospitals. The combinations of white, green and brown so common in wards are not always productive of a feeling of comfort to the eye or an appeal to the aesthetic sense. The walls are to be covered with Paripan in delicate shades which will be permanent. This enamel, which may be finished either in dull or glossy surface, has been commonly employed of late in the most modern of the British hospitals.

All beds are to be supplied with four-inch rubber-tired wheels so that they may be moved easily and silently without damage to the floors. This arrangement will also make the question of taking the patients to the extensive roof wards a simple one.

The "nurse call" equipment is very complete and embodies the most recent developments of the silent call system. If a patient desires to call a nurse, he simply presses a button, upon which three tungsten lamps, showing the number of his bed, flash at different places, at one of which the nurse is to be found. These lamps continue to burn until the nurse responds to the call.

Generally speaking, the indirect method of lighting a ward is to be employed, although over each bed is placed a white enamelled bracket, which has not only a lamp for general purposes but also an extra socket to which may be attached a portable lamp if required.

The bedside tables are of white enamelled steel with porcelain tops. Each contains an open drawer seven inches in depth.

The extensive telephone equipment is to be managed by silent electric light signals.

The main sterilizing plant is in the basement, although each surgical unit will have a distinct sterilizing outfit.

Mattress sterilizing and fumigating plants are also in the basement as well as the refrigerating machinery, which will be located near the main stores. It will be of capacity to manufacture all of the ice required as well as doing the work of refrigerating various rooms.

The Hydro-therapeutic, X-ray and Electric Departments are in the basement and will contain all the apparatus demanded by modern methods of treatment.

All plumbing fixtures, such as wash bowls, sinks, etc., are made of vitreous ware, a substance much more durable and expensive than enamelled steel, as it

is absolutely impervious to acids and when it chips preserves the same texture all the way through.

The ventilation is admirably arranged by a series of forced exhaust draughts to meet every possible situation. The various electrical devices which control these are easily managed by the head nurse.

All garbage is to be destroyed in a large incinerator located in the power house. The question of large versus small incinerators was thoroughly debated and on the whole the evidence brought forward seemed to make the large incinerator a more promising and economical investment than a multitude of small ones.

The kitchen is to be most elaborately equipped. Floors and walls tiled. The kitchen is housed in an extension from the surgical wing and the carefully planned ventilation will make unpleasant odors from cooking impossible.

An extension from the Administration Building provides for a large lecture and demonstration room for students. A well-equipped lunch room will also meet the requirements of final year medical students, who will receive practically all of their training in the hospital.

In the basement of the medical wing will be found rooms for the isolation of erysipelas or cases of suspected contagious diseases.

The emergency hospital is a separate unit most thoroughly equipped for the needs of such a department. It is also arranged for the teaching of surgical expedients and technique by photographic and practical demonstrations. Two ambulances will be supplied to the emergency hospital by the same generous hand which has furnished everything in connection with it.

The equipment of the out-door building will be a revelation to those who have been accustomed to the unsatisfactory out-door hospital methods in Toronto. It will embrace all the features which characterize an up-to-date institution, it being recognized that this is in a sense the most important part of the institution.

The pathological building, already in use, is what it should be—a thoroughly equipped medical laboratory, where every energy is devoted to the working out of the multitude of problems that develop constantly in the hospital. In it the bulk of the pathological and clinical laboratory investigation will be done. The vaccine and immunity departments will also be located there as well as the autopsy room. The mortuary rooms have an extensive refrigerating plant in connection with them.

The private building will contain accommodation for a hundred and fifty patients. It will be possible, for those who wish it, to obtain rooms en suite, and the idea of getting away from the deadly sameness of shape, etc., has been carefully developed.

The Nurses' Home will accommodate nearly two hundred nurses and probationers, and is so arranged that each nurse will have a room to herself.

The dining-room is large and attractive and nothing that is likely to contribute to the comfort and efficiency of the nursing staff has been omitted. The furnishing of the rooms is to be simple but good. The dressers and tables are of special design, made to meet the requirements of hospital life.

The servants' building is one of the best of the group and should be attractive to a class that is generally hard to please.

The laundry, situated in the power house, contains everything modern in the way of equipment. All machines are run by individual motors, it being intended to operate nearly everything possible in the hospital by electricity. The power plant is designed to supply 1,850 h.p. and the battery of Babcock and Willcox boilers is most imposing.

The electrical dynamos are located in the power house.

All heating is done from a central plant and all buildings are connected by covered corridors, so it is possible to make a complete circuit of the ten acres without going out of doors.

The obstetrical building will be unique in one sense, as it has one fresh air ward in which patients may be treated in the open air at all times of the year.

A very attractive feature of the new hospital will be the extensive roof wards, handsomely tiled with red Welsh quarry tiles and suitably shaded by awnings. It is estimated that, if desirable, some 120 beds may be placed there.

Drinking water, properly sterilized, will pass through coils in the brine tanks and will be voidable at specially constructed fountains.

Altogether the new General promises to be a most interesting and satisfactory building, where advanced work of the highest order both in medicine, surgery and nursing will be done.

C. K. CLARKE, M.D.,
Medical Superintendent.

SMALL HOSPITAL EQUIPMENT.

A great mistake is often made by people in a small town or community who feel they should have a hospital and build one with very little regard for those who have to do the work in these buildings. No thought is given to where the nurses or servants are to be accommodated, and finally the attic and basement are allotted for their use. The wards are sometimes furnished by societies or private individuals, and contain, usually, all kinds of unsuitable furniture, which takes years to get rid of. If anything is said the donors become wrathy and remove their patronage from the hospital, and a friend lost is a serious matter in a small place. This can be overcome by the appointment of a committee, which will undertake the selecting of furnishings. The payment could be made by the donors who wish the ward called after themselves or are willing to endow the same. Some of the necessary equipment for running a small hospital successfully is a good heating system—the best that can be got is not too good; plenty of hot water, not a household boiler attached to a kitchen stove, but a tank containing five hundred gallons at least; a separate laundry where the noise, steam and heat will not permeate the whole building; a diet kitchen where the patients' trays can be properly attended to and the means by which the trays can be conveyed to the patients with the least noise and the food hot when it reaches the patient, if required to be so; an elevator for the use of patients large enough to admit a bed or stretcher; sun verandahs, which can be opened or closed, where the patients can be taken into the fresh air; some material in the main corridor and stairway which can be kept clean instead of the

unsightly matting and stair-pads which are never quite what we would like them to be no matter how much time is spent on cleaning; iron guards for the windows of the rooms of delirious patients; a good surgical department and sterilizing plant—a mechanic would never go to his work without his proper

Operating Room, Woodst ck General Hospital

tools or use a chisel for a hammer, neither should a nurse be expected to boil instruments, water, etc., in the kitchen range.

If maternity cases are admitted a room should be arranged for bathing and looking after the infants, where everything can be kept together and thus avoid inconvenient work in the common bathroom.

These are some of the essentials for the equipment of a hospital of thirty-five to fifty beds. I am not alluding to the "Gilt-Edge" hospitals of our large cities or towns where hundreds of thousands of dollars are subscribed and the best knowledge in the world obtained on equipment but to the small, struggling hospitals which the people build, occupy and maintain themselves. It could be made a model of perfection if not a little but a great deal of thought was expended on the first principles of convenience for doing the best work. A hospital of this size requires twenty or twenty-five persons to form the staff—nursing, ward and kitchen service. A nurses' residence and comfortable servants' apartments are a necessity.

It has taken years to undo the blunders of our original building. The decorated woodwork and fancy banister of our main stairway will probably, like the poor, remain with us always. When I first saw it, I asked if the man who

built it was in prison; they told me "No." I thought he certainly should be there, and a life sentence at that.

Now, after several years' hard work, we have a good heating system; plenty of hot water; diet pantry; iron guards for the windows; steam laundry; good fire fighting apparatus, and plans are being arranged for a nurses' residence. We have an excellent, up-to-date surgical department, the gift of Mr. J. D. Patterson. This occupies the third floor of the new building and consists of seven rooms and elevator. These rooms are sterilizing and anaesthetic rooms, store room for sterilized supplies, surgeon's wash and dressing rooms, operating room and recovery ward. The sterilizing room has six sterilizers—one each for hot and cold sterile water, containing thirty gallons; one fifteen-pounds steam pressure sterilizer for dressings; a large sterilizer for basins, jugs, etc.; a smaller one for instruments, and gloves, sutures, etc. They are all nickel plated with the best fittings.

Our experience may have been the same as that of others who have boiled silk, silkworm gut, gloves, etc., in the same sterilizer as the instruments. The

Sterilizing Room, Woodstock General Hospital

soda in the water ruined these materials, so we were obliged to get another sterilizer.

The anaesthetic room contains everything necessary for an anaesthetic. The patient is here prepared for the operating room. As ether is the most generally used anaesthetic, every patient wears a pneumonia jacket made of two layers

of butter cloth with a layer of absorbent between, stitched together so that it can be washed and used again. A fresh night dress, pneumonia jacket, stockings and a sheet are sterilized and ready with the blankets in the warming closet for every patient. When the patient is under the anaesthetic we use the iodine preparation and he is then ready for the surgeon.

The surgeon's wash and dressing rooms are directly off the operating room, as far away as possible from where the patient is being anaesthetized. Doctors nearly always discuss cases and operations, which it is well for the patient not to hear, for when they are half under chloroform or ether they imagine everything that is said refers to themselves.

The operating room is large and well lighted, with a window half the width of the room to the north and another to the west, which affords the best light. The artificial light is from a large dome with sixteen 16-c.p. lights directly over the operating table and a cluster of three on each side of the room.

The heating is an individual hot water furnace, independent of the rest of the building, and any required temperature can be maintained. The tables and stands, also immersion bowls, are of the best metal and glass, and every device for convenience has been secured. The instruments are in a glass and metal case and are sufficient for any ordinary operation. Two faucets bring the sterile water from the tanks in the sterilizing room. The operating table is a New York pattern with several improvements. The floor is Tarrazo and the walls polished Keen's cement. Both walls and floor can be easily washed and disinfected. The store room for sterilized supplies contains all jugs, basins, dressings, gowns and all other supplies for use in the operating room. Everything is always ready for an emergency. The linen is all marked and is washed separately and returned immediately to the sterilizing room from the laundry.

The recovery ward is used for public ward patients who are very ill after operation or suffering from severe shock. They remain there till they are sufficiently recovered to be taken to the ward with other patients. It is also used for accidents or any emergency requiring surgical treatment.

The elevator is a great comfort to patients, nurses and doctors. Only those who have had experience in carrying patients up and down stairs on a stretcher realize what it is to have a good motor elevator.

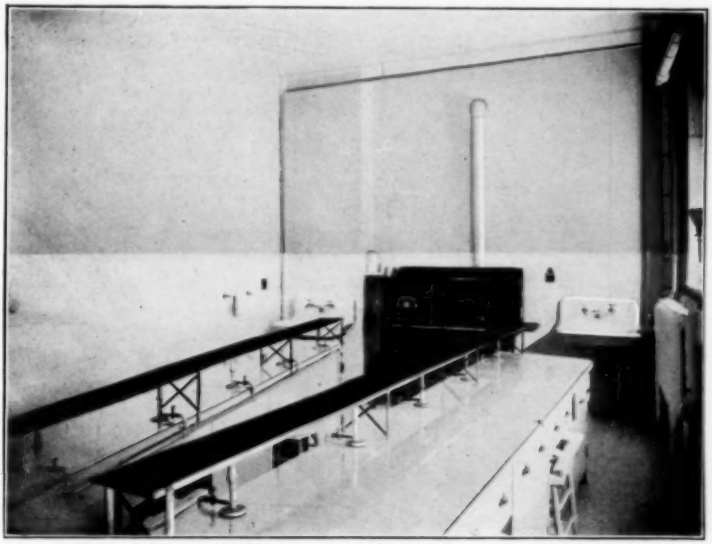
WOODSTOCK GENERAL HOSPITAL

THE DIET KITCHEN, HOSPITAL FOR SICK CHILDREN, TORONTO.

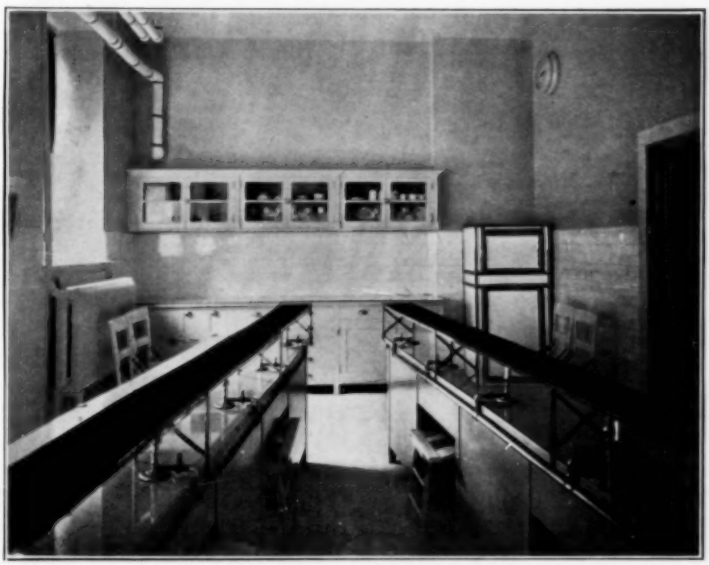
The first thing necessary for food and feeding in both health and disease is careful instruction in physiology, the nature of foods, the use of foods in the body, the preparation and cooking of foods, and last but not least, the proper serving of food.

What a difference it makes to the poor soul who is at the mercy of a nurse, if the nurse is a well-rounded woman, who realizes how much her patient's welfare depends upon proper feeding, and does not consider it beneath her dignity to take entire charge of the dietary of her patient.

The Hospital for Sick Children for twelve years has had a course in dietetics. For the first few years, not having proper equipment, the work had to be simple.



The Diet Kitchen, East End, H.S.C., Toronto



The Diet Kitchen, West End, H.S.C., Toronto

When Mr. John Ross Robertson built and presented the Nurses' Residence to the hospital, Miss Brent, Lady Superintendent, and Mr. Robertson decided to have a thoroughly up-to-date diet kitchen. The kitchen is rather small, but, in every other respect, is most complete. The room is twenty-five feet by fourteen feet, fitted up for the service of the dietitian and ten nurses. The nurses work at two tables, each twelve feet long. Gas stoves are not used, as they are cumbersome and antiquated. Instead, there is a copper grill, eight inches wide and twelve long. This grill stands eight inches on and above a table, at which the probationers work, and in the centre of the space allotted to each probationer

Diet Kitchen, Hospital for Sick Children, Toronto

is a circular gas jet, which answers exactly the same purpose and does the work much better than the ordinary burners of a gas stove. Of course, when baking is required, the gas stove is used.

Each probationer has a drawer and cupboard, which contains all necessary crockery and utensils. The granite-ware is white, with rim of pale blue, made especially for this kitchen. The tables are covered with plate glass, being thoroughly sanitary, and teaches the girl to keep her head and have herself thoroughly under control. The grill is for the hot sauce-pans, not the glass table.

The kitchen has its refrigerator, lined throughout with white opal glass and a floor of small tile. The compartments are fitted with woven-wire shelves, highly polished. The outside is also cased with white opal glass, making all parts, inside and outside, perfectly sanitary.

The room is floored with octagon tiles, the window sills are of marble. The provision cupboard is of wood, enamelled white, with plate glass table top. The care of the kitchen is entirely the work of the probationer.

The pupils, during the probationary course, receive a six weeks' training in the diet kitchen. Each girl prepares an individual quantity of whatever recipe is given her. This she and the other probationers are allowed to sample. In one morning's work, they learn ten different methods of preparing a certain food. At the end of six weeks' training they prepare a full diet dinner, being allowed an hour and a half to do this; also five feedings in different diets, namely, full

diet breakfast, diet for a child of two years in health, typhoid diet, liquid diet for child of four years, diabetic diet for adult, soft diet for adult, diet for rickets, diet for diabetic child. These diets vary from term to term. They are instructed in all lines of foods—from simple gruel to ice cream—in the making of dietaries. This completes the probationary course.

In the hospital diet kitchen the nurses put in practice what they have been taught in the training school, preparing all the morning and afternoon nourishment for the entire hospital, all special diets, private and semi-private trays, also preparing expense sheet for each week.

L. MACBETH.

METHODS OF MARKING LINEN FOR HOME AND INSTITUTION.

By LINETTE A. PARKER
Department of Nursing and Health.

There are in general use six different methods of marking linen and cotton goods, with pen and ink, with rubber or steel type and ink, with stencil and ink, the Bonnay embroidery stitch, the name woven into the goods by the manufacturer, and with tape or squares on which the name is written, stamped or woven.

The demand made upon any kind of marking is that it be neat, that it stand hot water, soap, alkalies, acids and the pressure of mangling, that it stand these for a long time and that its removal be as hard as possible for any dishonest employee. The materials to be marked in general are cotton cloth, various kinds of towelling, table linen and plain linen scarfs, spreads and blankets.

There are a few suggestions in regard to the marking which may be useful. The mark should be as attractive as possible, it should be placed systematically that it may be quickly found by laundresses and nurses, it should include the whole name, and many hospitals are including the date to determine the life of the material. The mark is best placed a little below the hem, not too near the edge, and some consider it a great saving of time in the laundry and wards to mark in two places, on each end in diagonally opposite corners.

In marking with pen and ink the different kinds of each must be considered. There are five standard indelible inks on the market and almost as many laundry inks as there are laundry supply houses. The manufacturers and prices are as follows:

Payson's Ink, A. L. Williston, Northampton, Mass., $10 a lb., $5.50 for 8 oz.

Applegate's Ink, Applegate Chemical Co., Ellis Avenue, Chicago, Ill., $8 a lb., $4.50 for 8 oz.

Stafford's Ink, S. S. Stafford, 609 Washington Street, New York, N. Y., $4 a lb., $2.50 for 8 oz.

Carter's Ink, the Carter Ink Co., Boston, Mass., 440 Pearl Street, $3 a lb., $2.25 for 8 oz.

David's Ink, Thaddeus David's Co., 95 Van Dam Street, New York, N. Y., $2.50 a lb., $1.50 for 8 oz.

Hercules Marking Ink, a laundry ink, H. Kohnstamm & Co., Franklin Street, Chicago, Ill., 87 Park Place, New York, N. Y., $4.50 a qt.

A heavy stencil ink, N. Stafford, 67 Fulton Street, New York, N. Y., $3 a qt., $1.80 a pt.

If inks are to be used, it is always best before marking to launder the goods to remove the starch, for this takes up the ink and prevents it penetrating into the fibres. This is especially true for towelling and table linen, and re-marking on these goods would not be required any more than on sheets if this precaution were taken. All inks should be allowed to set about fifteen minutes before applying any heat that they may sink well into the fibre before dried, and if possible the goods should not be laundered the same day. All inks claiming not to require heat are much more durable if heat is used.

Payson's and Applegate's inks are in most general use in hospitals, and the Hercules Marking Ink is especially recommended by one of New York's large commercial laundries. Laundry inks are all cheaper than the standard inks, and require no heat after application. Large hospitals use a cheap ink for marking of odd articles partly worn or not in permanent stock.

Steel and glass pens are used in marking, the marking pen size 00, for use on linen, obtained from laundry supply houses, has the points bent forward, giving a flat surface to rest on the linen, but this is not very efficient. Applegate Chemical Company furnishes a special pen, the points of which are rounded, and it is the best of the steel pens. The ordinary pointed and stub pen can be used, but with much difficulty. There are many varieties of glass pens, but one should be chosen with a fairly sharp point. Brigg's Crystal marking pen, supplied in a combination set with Payson's ink, is very good, and is far superior to any steel pen, especially on rough finished goods like huckaback. This method of marking with pen and ink is in use chiefly in smaller institutions. It does not have the institutional look of a stamp or stencil, each letter can be definitely controlled by the marker, and with a good ink it stands the test of many years. Experienced markers claim that the time required in this method is very little greater than others.

The rubber stamp is very little used. A pad for inking the stamp is very wasteful of ink, for indelible ink in very volatile and must be applied fresh at each time of marking. A brush can be used satisfactorily, but takes a great deal of time. A two-line stamp costs about 35 cents. The letters should be plain and fairly large. This method does not succeed well in getting the ink into the fibre, but has the advantage of all others in point of time.

Under this style of marking may be mentioned the marking machines used by many commercial laundries. The type is steel and inked by an automatically regulated device. They are run by hand, foot or motor power. The prices range from $125 to over $200. Some are very complicated and are very hard to keep in order. The Pearl Marking Machine, manufactured in Atlanta, Ga., is of simple construction and is supplied by the Troy Laundry Machine Company, Church Street, New York, at $125. No machine has been built as yet which will stamp a word of more than twelve letters, or more than one line, but they are being perfected, and may in time be made practical for hospital use. They are considered great time savers by commercial laundries.

Marking with a stencil is a method considered by some the most practical. Its advantage is in point of time, and for this reason is considered by many the only practical method of marking in large institutions. Its disadvantages are that it is wasteful of ink, it is not possible to control the making of each letter to assure a uniform mark, it requires direct handling of the ink, and it is very institutional in its appearance. Considering these disadvantages and the time in adjusting the stencil when marking, and keeping all the utensils clean with turpentine, the superiority over pen marking does not seem so great. Some state that the mark lasts as long as the article, but it is a more general opinion that it does not. Good stencilling requires much practice in handling the plate and in regulating the amount of ink.

Stencils are hand or machine cut. The machine cut are flat sheets of metal with the name cut from the centre. This sheet is very flexible, and after use becomes warped and little sections of the letters break out. These are obtained in some places for 25 cents a piece, but in New York are two cents a letter under one-half inch in height. The hand-cut stencils are of a firmer metal, and this metal is fastened over a frame still longer in such a way that the centre from which the letters are cut is sunken below the edges. When pressing on the edges the central part sinks still deeper into the fabric. These seem more economical in the end because of the greater firmness, but the initial cost is five cents a letter under one inch.

The ink used may be thick or thin. One hospital uses Applegate's ink with great success, another uses a thick ink made for them and do a great deal of re-marking, another uses a stencil ink made by N. Stafford, which they say outlasts the goods.

The stencil letters should be plain and of fairly good size (about one-eighth inch). The ordinary stencil brush is a round brush with soft bristles about one inch long, and is too soft for marking fabrics, also takes up a great deal of ink. The best brush is one with soft bristles rather stiff, an old tooth brush answering the purpose very well.

A method of marking which is increasing in favor is the chain stitch, done usually in red. This work is called Bonnaz embroidery, and is done on special imported machines. Durrow and Hearne, 12 Wooster Street, New York, are sole agents for a German machine manufactured by Lintz and Eckardt, of Berlin. O. J. Ahlstrom, 711 Broadway, is sole agent of a French machine called the Couso-Brodeur Universel. The cost of both is $75 for the machine and $10 for the standard. The writing on this machine is free-hand without turning the goods in the machine. It is said to be easy to do, and is written as fast as writing on paper. The usual prices in the department stores for Bonnaz embroidery marking is 15 cents a dozen for towels, $1 a dozen for blankets. Red, blue and white are the colors most used. The size and quality of thread used are very important considerations, a small, very firm thread of absolutely fast color being the best. A standard of prices for wholesale lots is given below, quoted by Bert Wynn, Walker Street, New York, whose sole business is to mark and hem goods. At these prices no goods will be sent for or delivered. The work of this shop, and especially the quality of thread used in marking, is well recommended.

Prices for marking:

Napkins and towels	10c.	a dozen.
Table cloths, bath towels and scarfs	12c.	"
Sheets and pillow cases	15c.	"
Dimity spreads	18c.	"
Marseilles spreads	36c.	"
Blankets	60c.	"

Where there are two lines embroidered, the cost is one-half more.

The strongest testimony for this kind of marking is that railroad companies, steamship companies and hotels use it extensively. It will ravel out, but those who use it make no complaint on that point. After long wearing the thread will break sometimes and leave blank a letter, but examination of articles so marked which are completely worn out shows that as a rule the stitch wears very well. Towel supply companies recommend it. When done in white it is very attractive, and is especially appropriate for bureau scarfs. The repair of this chain stitch would require hand work, unless one owned the machine. The pressure of the mangles is the chief cause of the wear of the thread, so in hand laundering the mark would probably outwear the goods. The Pennsylvania Railroad uses as a mark a monogram in solid embroidery, which is done on a similar machine and will not ravel out. This method of marking blankets is recommended highly by a few.

Another method used a great deal by hotels, railroads and many hospitals is having the desired name or design woven into the goods by the manufacturer. This would not be available for institutions under 100 beds, for the order has to be large. Names are woven into both huckaback and crash towels, table napkins and cloths, bath towels and spreads. It can also be done in blankets, but for them it is very expensive and not satisfactory because of uneven shrinkage when washed. The order for towels by the dozen is for 100 dozen or over; by the yard, at one importer's, for 5,000 yards, at another for 1,000 yards in a half linen huckaback; for napkins, 100 dozen; for cloths, 100; for bath towels, 50 dozen; for spreads (Marséilles), about 250. These limits might be varied according to the quality, i.e., some manufacturers will mark fifty dozen towels if very high-priced material, and if cheap material is ordered the amount may be 200 to 300 dozen. Usually no charge is made for the special weave, but for bath towels a charge is made of 50 cents a dozen. The design may be almost anything one chooses. The table linen may have simply the name in the centre, or a seal or special design with a monogram or name in it. In towels the name may be woven on a white, red or blue background. It may be as a border on each end or in a stripe through the middle. Some towel supply companies have a special towel woven having a certain number and arrangement of stripes with no name. A very large towel supply house uses a towel bought by the yard, having the name woven in white across the towel at intervals of eleven inches. This gives opportunity to vary the length of towels if desired. The Marseilles spreads have the design in the centre. Dimity spreads have not yet been woven with names, but there seems to be no reason why they could not be. Bath towels are marked in white on a white or red background.

Most of this special weaving is done on imported goods, and orders will be taken by the large department stores and by wholesale importers. It is advantageous to order by wholesale from the importers, for discounts can be made by them for institutions giving orders frequently. Both the stores and importers submit samples by their agents to prospective buyers. Well recommended importers are T. D. Whitney & Company, Temple Place, Boston, Mass.; E. E. Alley & Company, Church Street, New York; H. W. Baker, Franklin Street, New York. The filling of an order requires about five months.

This kind of marking is attractive, often very ornamental and business-like in appearance. The expense is less than other methods, for cost of marking utensils and of the marker's time is saved. It is being used more and more by hospitals.

The last method to be mentioned, and in use more or less in all hospitals, is that of sewing on marked or woven tapes or squares of cloth. These may be marked with pen, stencil or Bonnaz embroidery stitch. The tape, if used, should be three-quarter-inch linen tape. The woven and steel plate names on tape can be obtained through most dry goods stores or from the manufacturer, G. Reis & Brother, 640 Broadway, New York. The names in red, blue or white on white are $2 a gross, the steel engraved name for $1.75 for 200. If a second line is desired the cost is 50 cents extra. The American Silk Label Mfg. Co., 781 Broadway, furnishes cotton woven labels at following rates:

In lots of 1,000, $5 a 1,000 on tape, $4 a 1,000 on squares.

In lots of 5,000, $3.50 a 1,000 on tape, $3 a 1,000 on squares.

These are in red, blue or black, in any style, and allow a reasonable number of words. This method of marking is used for articles too loosely woven to take ink, as bath towels and blankets. It takes much time and can be easily removed.

It seems impossible to draw any conclusions as to any one method always desirable. Each institution must decide for itself according to circumstances. The use of all except the pen marking precludes the dating of the linen. The chain stitch and woven goods demand a central linen room or some special mark, perhaps in ink, to designate different departments, but even so, much time would be saved. One hospital has the name and the word "ward" woven across the centre of the towels, then stamp the different letters designating the wards in a blank space left after the word "ward."

A suggestion as an ideal would be to mark sheets and pillow cases with Applegate's ink and a glass pen; towels, spreads and table linen with name woven into the goods; bureau covers with Bonnaz embroidery in white or woven name in white on tape; blankets with woven names on squares in color to match the border.

As to protection from theft, a large towel supply company, which uses up in wear and loss $1,000 worth of towels in two months, tried the stencil, chain stitch and all kinds of woven goods, and could figure no difference in loss from theft. The cheapest method for a small hospital is pen and ink, for a large hospital specially woven linen and pen and ink. These two are also the most durable and the most attractive and seem under all considerations the most satisfactory.—*Journal of Household Art.*

Editorial

STATE REGISTRATION OF NURSES.

That a step in advance along this line has been made in Canada will be welcome news to every graduate nurse. The Hospital Bill, which has just been passed by the Provincial Legislature of Ontario, contains a section which provides for the registration of nurses. A copy of the section appears on the G. N. A. O. page. The regulations are yet to be arranged, and these will be such, we hope, that every graduate nurse in the Province will be proud to have her name entered in the register.

That this measure is most opportune is evidenced by the fact that correspondence schools and so-called schools of nursing where women may become nurses in a few months and only devote a few hours a week to the acquirement of the necessary knowledge, are in our midst and doing much harm in diverting many, who might become probationers in accredited hospitals and eventually be good nurses, to this short cut to knowledge.

Registration makes it possible to differentiate between the properly qualified graduate nurse and the woman who has had only a partial training or none at all. This will protect the sick from imposition and safeguard the honor of the profession.

The nurses in every Province in the Dominion are working strenuously, unitedly, to secure registration. Success is bound to follow such whole-souled efforts and State registration will soon be established in every Province. It will not be difficult then to evolve a system of reciprocity, so that registration in one Province will qualify the nurse to practice anywhere in Canada.

SPECIAL NUMBER.

This "Hospital Equipment" number will, we trust, prove of interest to those of our readers who are particularly interested in hospital work. The articles on the large and small hospitals describe only two of the hospitals of our Dominion. Others equally interesting might be described. We will welcome any such descriptions at any time.

The article by Miss McCalmont, R.N., hospital specialist and consultant, gives much valuable general information, as well as some special points which she would, doubtless, be glad to talk over with you, as this is her special field.

Any articles of hospital equipment that have been invented by nurses are always interesting and we are glad to have some of these to present to our readers. Many other nurses have doubtless done work along this line of which we would be glad to learn. Helpful practical ideas passed on to other workers aid greatly in maintaining a high standard in hospital efficiency.

Send us, then, a description of your invention, with a good photograph of it, and do what you can to assist in making the hospital a perfectly equipped institution.

THE PASSING OF LORD LISTER.

"To every man upon this earth death cometh soon or late," and, therefore, Lister, who saved so many lives, has himself passed quietly through the gateway that separates us from the Great Beyond, and the arras has closed him forever from our view. It is a long, long way from Hippocrates, the father of medicine, to Lister, the father of modern surgery. To Lister the world is a heavy debtor, but he was a willing and a cheerful giver to humanity. He not only took science by the hand to lead her gently along, but he embraced her in his arms and bore her bodily away with him as the handmaid to surgery. Lister was one of the great gifts of the human race for the cause of humanity. Carlyle says that "a great man is like fire sent down from heaven. The rest of mankind waited for his coming, and then they, too, became aflame." The lamp of every modern surgeon has been lighted from his torch.

Lister was born in 1827, and died on 12th February, 1912, at the great age of nearly eighty-five. He held many important offices. He began his great career by becoming Prof. James Syme's house surgeon. Prof. William Sharpey, of London, introduced young Lister to Prof. Syme. This was in 1856. In 1860 he became professor of surgery in the University of Glasgow. On the death of Prof. Syme, in 1869, he became professor of surgery in Edinburgh. In 1877 he was called to the chair of surgery in King's College, London, to fill the place which had been held by Sir William Ferguson. In 1878 Queen Victoria made him her surgeon extraordinary, and in 1883 created him a baronet. In 1897 he was made a baron, and took the title of Lord Lister. King Edward made him sergeant-surgeon in ordinary. He was president of the Royal Society from 1895 to 1900. He was president of the British Association for the Advancement of Science in 1896, and then visited Toronto. He had honorary degrees conferred upon him by the Universities of Dublin, Glasgow, Edinburgh, Oxford, Cambridge, London, etc.

In character he was of a most unassuming nature. He came of Quaker stock, and lived all his life true to the simple customs of the Friends. Though simple in his habits, he was indefatigable in his work and his efforts in the cause of his loved profession. He was a voluminous contributor to the literature of scientific surgery.

Then and now, the surgery of 1856 and 1912 tells the story of Lister's life. His achievements are a gift to the world far exceeding in value all the gems and precious stones of the Orient. When Lister came on the scene it could be truly said:

> Night wanes—the vapors round the mountains curl'd
> Melt into morn, and light awakes the world.

A leading paper in Britain speaks of his work in these terms:

"His discoveries in the antiseptic treatment of wounds and disease have given not merely relief from suffering, but life to countless multitudes. To realize what Lord Lister has done it is only necessary to recall the fact that when he entered University College as a medical student, even the best-managed hospital was looked upon by the populace as little better than a slaughter-house. Although the introduction of anaesthetics had already done much to mitigate

the horrors of the surgeon's knife, the mortality from sepsis was so great that even trifling operations were rarely successful. Pestilence stalked unseen and unchecked through the surgical wards. No precaution prevailed against the tainted atmosphere, and new hospitals quickly became as pestiferous as the old, while diseases following upon operations often rose to the height of epidemics."

Lister is gone from amongst us, but his work and his influence remain. If he is no longer the companion, he has become the guide. Of him we can verily say in the words of Lowell:

> Great truths are portions of the soul of man;
> Great souls are portions of eternity.

—*The Canada Lancet.*

It s with deep regret we note the death on February 17th of Mrs. Jane Kildare Treacy, who for twenty-two years was the popular and beloved matron of the City of Dublin Nursing Institution, Dublin, Ireland. Our sincere sympathy goes out to the nurses of Ireland in their great and irreparable loss.

The Nursing Times speaks thus of Mrs. Treacy and her wonderful work:

Beside the sorrow of her own nurses, the loss is an irreparable one to both the Irish Matrons' and the Irish Nurses' Associations, of which Mrs. Kildare Treacy was such a brilliant member.

Keenly interested as she has always been in nursing matters, she never spared herself, nor left a stone unturned to render the profession service. She was one of the founders of the Irish Nurses' Association, in 1900, and was its president in 1907. She represented her society at the International Council of Nurses in Paris, giving her address in French. She was a warm supporter of State Registration for Nurses, and when an attempt was made to omit Irish nurses from the Bill, Mrs. Kildare Treacy exercised her influence to such an extent that Ireland was again included in the text. Personally she had great gifts, charm of manner, evidence of culture and of the widest reading, an impelling influence and a keen sense of humor. Like many who are small of stature, she was a giant in brain and intellect. She had a wonderful personality, which gained for her many friends, to whom she was much endeared. By her ability, energy and self-sacrifice, Mrs. Treacy has left the City of Dublin Nursing Institution in a stronger position of self-supporting independence than ever before in its long history. To her nurses she exercised sympathy, wisdom and tact, all the time gaining not only their respect but their deep affection. Her illness of only ten days was acute double pneumonia. Pinned at her bedside were the following lines:

> "The work which we count it so hard to do
> He makes it easy, for He works too;
> The days that are long to live are His,
> A bit of His bright eternities,
> And close to our need His helping is."
>
> (S. Coolidge.)

COLOGNE.

Delegates and visitors to the International Congress of Nurses are reminded that the Nursing Exhibit opens on August 3rd; the social ceremonies begin on the 4th, as Sunday is the day for social amenities abroad. The regular business programme begins on Monday, August 5th. Badges will be waiting for those who send their names early to Sister Agnes Karll, the President.

The Health Act Amendment Act of Queensland, Australia, embraces registration of nurses. The nurses of Queensland are to be congratulated, as they are the first to be granted legal status in Australia.

The Australian Nurses' Journal says:

"On the whole it may be said that, provided the Board elected is one conversant with the present day standard of nursing and has at heart the interests of the nurses, the Bill should be one with which the Queensland nurses may rest satisfied. As the Act leaves so much of the framing and carrying out of the regulations to the discretion of the Board, the constitution of this Board is of most vital importance to the success of the Act. If the two medical members nominated by the Medical Board be those familiar with the present standard of nursing, then these, with the two representatives of the nurses—one of whom should be general and one obstetric—and the medical practitioner of the mental hospital should form a thoroughly competent and reliable body to interpret and carry out the requirements of the Act.

"There is one important point raised by the Queensland Branch of the A. T. N. A., namely, that the Act does in no way distinguish between the training in the large metropolitan hospitals and that of the smaller hospitals. It is absurd to regard the training of a nurse in a hospital comprising twenty beds as equal to that of another nurse with a similar period of training in a hospital of, say, fifty or more beds. Either the Board will have to only recognize hospitals with, say, forty or more occupied beds, or nurses who are registered with a training of three years in the smaller hospitals will be placed at a disadvantage when they seek registration in the southern States. Examination may be said to eliminate this danger of registering an inefficiently trained nurse, but experience has proved that it is not always a certain check."

SIXTH ANNUAL MEETING.

A very cordial invitation is extended to all nurses to attend the sixth annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, to be held in the Residence, City Hospital, Hamilton, May 23rd and 24th. An interesting and attractive programme has been arranged and a large gathering is anticipated.

The Thursday evening session, May 23rd, will be devoted entirely to the vital question of "Registration." Miss Mackenzie, Convener, Dominion "Registration" Committee, and others will speak.

Every nurse in Canada should be present at this particular session.

Programmes may be had on application to the Secretary.

Kate Madden, President; Louise C. Brent, Treasurer; Alice J. Scott, Secretary.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The February meeting of the Guild, held on the 25th, was poorly attended owing to a very heavy snowstorm. In the absence of the chaplain the office was read by Rev. H. McCausland, who gave a very interesting address.

The next meeting on March 25th was very well attended. As the chaplain could not be present the Superior read the office and a chapter on "Service" from "In Watchings Oft" by Canon Holmes. Every nurse should possess a copy of these beautiful and helpful addresses.

We hope to have several new associates admitted at the next meeting. And one or two visitors expressed a wish to become honorary members. We would be glad if others would show their interest in this way. All information on the subject can be obtained from the Secretary, Miss Rogers, 39 Willcocks Street. It was decided by the members that after the annual fees were paid $5 should be sent to the Heather Club for their work among tuberculous children.

"The Roadmaster" was written by Michael Fairless during an illness of two years ended by death. It is a pathetic and wonderful story and a most impressive example of a soul victorious over bodily infirmities, which might well be supposed to have made all clear and connected thinking impossible.

"Counsels to Nurses," published by Mowbray & Company, London, is a collection of addresses and messages to the Guild of St. Barnabas by the late Bishop of Lincoln, patron of the Guild for twenty-three years. It is strongly recommended to the nurses of the American Guild by Bishop Whitehead, their Chaplain General, and should prove helpful and interesting for Canadian nurses also.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The regular monthly meeting of the Executive was held at the Graduate Nurses' Club, 295 Sherbourne Street, Toronto, on Wednesday, April 3rd, at 3 p.m. Eleven members were present.

The report of the Nominating Committee was received and ordered to be printed. The arrangements for the programme were announced. The programme will be printed and distributed at an early date.

Members are asked to mark their ballots, sign same and return at once to the Secretary. If this is done, work will be greatly simplified.

The Treasurer's report showed a balance in the bank of $420.31.

The report from the Hamilton chapter showed the interest of the nurses in the work of the Association. They are doing everything possible to ensure the success of the annual meeting. There were thirteen new members received, ten of these being residents of Hamilton.

The following section in the Hospital Act just passed by the Provincial Legislature will be read with interest: "Training schools for nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto as may be prescribed by the Lieutenant-Governor-in-Council have been observed, Graduate Nurses of such training schools may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person so registered may be designated a Registered Nurse."

A committee was appointed to confer with the Provincial Secretary in regard to "such regulations."

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895. **Incorporated 1901.**

President—Miss Phillips.
Vice-Presidents—Miss M. Welsh and Miss Colquhoun.
Treasurer—Miss Des Brisay.
Secretary—Miss Colley, 133 Hutchison Street.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.
Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The lecture for April was given by Dr. Fry on "Milk and Milk Stations." The lecturer pointed out the need in Montreal of infant hospitals and infant nurses. He included this need among the chief remedial causes in infant mortality. Others were, lack of breast feeding, ignorance of mothers, dirty milk, dead or proprietary and incomplete foods, uncleanliness, excessive clothing, improper feeding during the heat spells, vomiting, diarrhœa, poliomyelitis and diseases in general. Heat is the irremedial cause.

For the human infant breast milk is the only suitable food. Frequently the baby is taken from the breast when careful analysis of the milk and dieting of the mother would ensure better results. Cases illustrative of this were described.

Laurentian milk is milk boiled for 20 to 30 minutes at 230 degrees Fahr. It keeps indefinitely but is useless as a continuous food. It should never be used except when pure milk is improcurable. Proprietary foods should never be considered. They are all deficient in fats and excessive in starch and, being sterilized, are rendered useless as nourishment.

Milk to be pure should be taken from local farms and delivered the morning of milking. Any milk delivered over a railroad can scarcely be fresher than thirty-six hours.

Infant mortality in Montreal has decreased 50 per cent. since the advent of milk stations. During the excessive heat a large tent in an open field is ideal for a station. Critical cases could be cared for here by the nurses.

Lantern slides were shown illustrating means of contamination of milk from cow to infant, bacterial formation before and after prophylactic measures, infants treated on "dead" foods, and the results after pure milk.

A hearty vote of thanks was tendered the lecturer, after which refreshments were served.

(Continued on Page 272)

My Scallop Shell of Quiet

A RALLYING SONG.

Sometimes trustful, often fearful,
In this world of shifting wrong;
Sometimes joyful, often tearful,
Still be this our rallying song—
Aye in sadness
And in gladness,
Nobly act, for God is strong.

When, oppressed by deep soul-sorrow,
Life beneath the darkest skies
Seems so drear that no to-morrow
Holds a threat of worse surprise—
In such sadness,
Nobly act, for God is wise.

When our souls are tried, and tempted,
Some ignoble end to buy,
From the coward's bonds exempted,
Let us resolutely cry—
Evil sow not,
That it grow not,
Nobly act, for God is nigh.

—Mackenzie Bell.

CHIEF SUPERINTENDENT'S REPORT

(Continued from April)

Thirteen branches have increased their nursing staffs during the year, viz.: Victoria, Vancouver, Revelstoke, Kaslo, Winnipeg, London, Hamilton, Stratford, Ottawa, Toronto, Montreal, St. John and Halifax.

The little district of Baddeck, B.C., which has made such a brave fight to keep a V. O. nurse, has been obliged to give up for a time at least, owing to difficulty in raising the necessary funds.

And, if we look back to the early years of the Order, we find that in the year 1898 there were 16 nurses under the Order, 673 patients were cared for and 8,080 visits were made in the districts. In the year 1907 there were 114 nurses, 10,753 patients and 68,093 visits, while in the year 1911, the record was as given above: 191 nurses, 19,922 patients and 162,373 visits. That is a most eloquent reply to anyone who asks, "What has the Victorian Order done?"

The branches in which the growth has been marked are many. The Victoria branch, which was opened at the beginning of the year, sends a very favorable report, and thus early in its life finds it needs to add a second nurse to the staff.

The Vancouver branch has made very rapid strides during the year. They have bought and equipped a very handsome Nurses' Home—the Florence Nightingale Home. They have had five nurses on the district during the year and have just qualified as a training centre and, since the year began, have added two more nurses to the staff. They have a nurse stationed at Fairview, and are planning to have resident nurses placed in the other parts most distant from the central district. One of the staff acts as city nurse.

The Revelstoke Hospital Society continues its good, progressive work in its three hospitals, at Revelstoke, Arrowhead and Chase.

The Lady Minto Hospital, at Melfort, Sask, has had a good year and the Board have wisely decided to give up the training school in connection with the hospital and employ all graduate nurses.

The Edmonton Association is doing very well. They are considering the question of a second nurse and steps are being taken to place a nurse in Strathcona, which is now part of Greater Edmonton.

The country district at Lundbreck, Cowley and Livingston has had a very quiet year and there has been some difficulty in raising the necessary funds, but the committee are still interested and are working well, and it is expected that the district will soon be on a good financial basis.

The Lady Minto Hospital, at Minnedosa, Man., has had a satisfactory year; in fact, it has taken on a new lease of life.

The Winnipeg branch still continues to expand. They have a staff of six nurses and have decided for the present to have all permanent nurses.

The hospitals at North Bay and New Liskeard keep up their good records.

In Ottawa very important changes have taken place during the year. Up to this year, by an arrangement satisfactory to both the Central Board and the Ottawa Local Board, the nursing staff of the latter has been housed in the Home of the Order, 578 Somerset Street. But, during the year, the increase in the work of both Boards made a change necessary, and the Ottawa committee purchased and furnished a very handsome, comfortable and commodious Home in Albert Street for their staff, thus leaving the Central Board's Home, in Somerset Street, for their own staff. The work of the Ottawa branch is increasing steadily. They have a staff now of twelve nurses and the statistical reports of the district show a marked increase in work accomplished. Five hundred and sixteen more patients were attended than last year and 6,935 more visits paid. Then, as a training centre, Ottawa is of importance, and the committee are making every effort to keep pace with the new and important ideas which are confronting them almost daily, and which take their rise in the welcome revival of social service.

To give the nurses who are taking the post-graduate course under the Order full benefit of all the educational advantages along those lines is the desire of each of our committees where we have a Training Home.

The Toronto branch has had a most successful year. They have increased their staff to thirteen nurses, have placed resident nurses in three new outlying parts—the West End, East End and Central Neighborhood House. The statistical reports show that 3,496 more visits were made in 1911 than in 1910, and 133 more night calls answered.

The Rosamond Memorial Hospital at Almonte, Ont., has had a record year—the best in its history—and the President in his annual report draws attention to the fact that in every way the year has been an excellent one, in the work accomplished, in its finances and in holding the good opinion of the people in the community. The Board is now considering the question of building a Nurses' Home, so as to give more accommodation for patients.

The Stratford branch has had an exceptional year, and the work continues to increase. Some idea of it may be gleaned from the President's report, in which he points out that the average number of visits per month has gone from 90 to 179 in two years, and, for the last three months of 1911, the average was 290. Two nurses are now on the staff.

London has done very well this year—increase in number of patients, 119, and in visits, 547. Two nurses are now employed steadily.

The Hamilton, Brantford and Galt districts all show gratifying results. Hamilton has added a fourth nurse to its staff during the year.

(To be Continued)

HOSPITALS AND NURSES

Miss Lillian Tobias, Graduate of Hamilton City Hospital, class '09, has been appointed Assistant Superintendent at Stratford General Hospital, Stratford, Ont.

Miss Isabel McIntosh, Graduate of Hamilton City Hospital, class '10, has been appointed Supervising Nurse in Dr. Bull's Sanatorium, New York, N. Y.

Miss Etta McLeay, Graduate of Hamilton City Hospital, has gone to Vancouver, B. C., to take a hospital position with Miss McLeish, also Graduate of Hamilton City Hospital.

Misses Milne, Dow and McIntosh, Graduates of Hamilton City Hospital, who have been taking post-graduate work in Women's Hospital, New York, N. Y., have successfully passed the State examinations.

Miss Goodhue, one of the Assistant Superintendents of the Royal Victoria Hospital, Montreal, who has been seriously ill for the last few weeks, is, we are glad to say, making a good recovery. She will, however, require to take a complete rest, and has been granted six months leave of absence, when we hope she will be able to resume her duties and carry on her work in her usual efficient and energetic manner.

At the March meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, Dr. Gardner gave a most interesting lecture, illustrated by limelight views, of a trip through Russia and Turkey, which he, in company with Dr. Shepherd, took some years ago. The lecturer made his journeyings most interesting and vivid, and the views, most of which were taken by himself, were in many instances very beautiful and added much to the pleasure of the evening. A hearty vote of thanks was tendered to the doctor at the close of the lecture.

Miss Minnie McDonald, Graduate of General Hospital, Collingwood, class '08, is slowly recovering from a very severe attack of typhoid fever.

Mrs. Burns, Graduate of German Hospital, Buffalo, N. Y., is convalescing after an operation at the General Hospital, Collingwood, Ont.

Miss Stubberfield, who has conducted the "Home" Private Hospital on Gloucester Street for some time, is closing her hospital on May 1st owing to ill health. Miss Stubberfield intends to resume her private practice when she has had a good rest.

The regular monthly meeting of the Toronto Central Registry Committee was held at 569 Bathurst Street on Monday, April 1st, Miss Fergusson, Convener, in the chair. Seven members were present. The Registrar reported total calls for March to be 304. Balance in bank April 1st, $1,910.71. Three applications were considered and accepted, making a membership of 392.

On Tuesday, March 26th, the Toronto Western Hospital Alumnae Association entertained the graduating class and other friends at a dance given in the lecture room of the new building. The Nurses' dining-room, prettily decorated with violets, lilies of the valley and daffodils, was used for the buffet lunch.

At 12.30, when the orchestra retired, a general regret was expressed, the guests declaring it one of the most enjoyable dances of the winter.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Monday, April 1st, at 8 p.m., at the home of Mrs. Yorke, 400 Manning Avenue. The President, Mrs. MacConnell, presided. The committee reported that the Alumnae ward in the new hospital is very comfortably and prettily furnished and ready for use After the disposal of business, Miss Crosby, President of the Graduate Nurses' Association of Ontario, gave a talk on Registration, emphasizing its importance and the great need for registration as instanced by the correspondence schools and other so-called schools of nursing in our own city. A social cup of tea was enjoyed at the close.

Ottawa.—The regular monthly meeting of the Ottawa Graduate Nurses' Association was held on Monday, March 11th, at the Nurses' Club, with a fair attendance. The President, Mrs. Ballantyne, occupied the chair. Dr. E. G. Preston, specialist in orthopedic surgery, addressed the Nurses, and showed some splendid models of corrected club-foot, also a number of X-ray pictures of tuberculous spine, fractures, etc. Dr. Preston's address was most interesting as well as instructive and was thoroughly enjoyed by all. Tea was served at the close of the meeting.

British Columbia.—The Woman's Auxiliary of Vancouver General Hospital has inaugurated a Social Service Department with Miss MacDonald in charge. Miss MacDonald reports a splendid opening for this work and, though the work has only been started a few days, she has had several cases.

Miss A. Rodd, Graduate of Royal Victoria Hospital, Montreal, sailed on March 2nd from Vancouver for Honolulu.

A Graduate Nurses' Association of New Westminster, B. C., has just been organized with a view to working for Provincial registration. President, Miss Wright; Secretary-Treasurer, Miss C. Gray, Royal Columbian Hospital, New Westminster, B. C.

Victoria.—The regular monthly meeting of the Victoria Trained Nurses' Club was held on Monday, March 4th, at 3 p.m., in the Club Room. The President, Miss Clarke, occupied the chair. The annual dance was arranged and will take place on April 9th. As the Club is affiliated with the Local Council of Women, the following resolutions were forwarded: (1) That a School Nurse be appointed for Victoria; (2) That the Local Council of Women assist the Nurses in their efforts to secure registration.

Fernie.—Mrs. G. Clode, who took a post-graduate course in the Woman's Hospital, New York, has successfully passed her final examination. She has accepted a position on the staff of the Woman's Hospital. Mrs. Clode's many friends will be pleased to hear of her success.

Three nurses from Calgary are doing private work in Fernie.

Miss Wilkins, Staff Nurse in Regina General Hospital, was called to California on account of the illness of her father.

The new wing of St. Michael's Hospital, Toronto, was opened on the after-

noon of March 12th by his Honor, Sir John Gibson, Lieutenant-Governor of Ontario. This will double the capacity of the hospital and greatly facilitate the work of the staff.

Dr. and Mrs. Claude Freeman returned home from China early in April. Mrs. Freeman graduated in 1904 from Hamilton City Hospital, where Dr. Freeman was at that time Superintendent. They have been engaged in medical missionary work in China for several years.

Mrs. Zumerfeldt has resigned her position as Lady Superintendent of the Melville, Sask., Hospital.

Miss Beharrel (V. G. H.) and Miss Baynes (V. G. H.), late Day and Night Superintendents of the Vancouver General Hospital, are opening a private hospital in the west end of Vancouver. Diets and dieting will be a specialty.

The Alumnae Association of Montreal General Hospital held a bazaar in aid of their "Sick Benefit Fund for Nurses" on March 16th in the Governors' Hall. The bazaar was opened by Dr. Shepherd, Dean of the Faculty of Medicine, McGill University.

The following ladies acted as patronesses:

Miss Livingston, Miss Stikeman, Lady Allan, Mrs. George Hooper, Miss A. Morrice, Mrs. F. G. Finley, Mrs. Arthur French, Mrs. Percy Nobbs.

The various tables were under the management of graduates of the hospital, in uniform, as follows:

Mrs. Dorion, fancy and useful articles; Mrs. Wright, home-made candy; Miss E. Brown, dolls; Miss Howard, flowers; Miss M. V. Young, surgical emergency articles; Mrs. G. Wells, fish pond; Miss G. H. Colley, fancy and useful articles; Miss Shaw, pottery.

The tea table was in charge of the Graduate Staff of the M. G. H.

Miss Munroe was to be found in her secluded tent waiting to reveal the secrets of palmistry.

The M. A. A. A. Glee Club furnished music during the evening.

Plans are being prepared for a new children's hospital of twenty-five beds in Hamilton.

Nelson, B. C., is also planning for a new hospital, a three-storey building of sixty-six beds.

The regular monthly meeting of the Alumnae Association of Toronto General Hospital was held at the Club, 295 Sherbourne Street, on Wednesday, April 10th. Miss Christie, first Vice-President, presided. Plans for the annual luncheon were discussed and final arrangements left to the Executive Committee. A very interesting letter from Mrs. Aubin was read, in which she described her delightful trip from New York to Cairo, with visits at Madeira, Gibraltar, where she witnessed the reception of the King and Queen on their safe return from India, then on to Algiers with its interesting Arab villages, then on to Villefranche, Monte Carlo and Nice, where the profusion of flowers delighted the eye. Then to ship again and on to Naples, through the Straits of Messina to the harbor of Alexandria, where lay the great battleship "Powerful" waiting to receive the body of the late Duke of Fife. But more of Egypt later. We are

glad our Corresponding Secretary is having such an enjoyable time. A social hour was enjoyed, when refreshments were served. The Alumnae were pleased to have as guests Miss Phillips, President of the Canadian Nurses' Association, Montreal, and Miss Deyman, School Nurse, Hamilton.

SECOND ANNUAL MEETING.

The Canadian National Association of Trained Nurses held its second annual meeting in Toronto on April 4th, morning and afternoon.

The chair was occupied by Miss Brent, first Vice-President of the Association, in the absence of the President, Miss Snively, who is in England.

The morning session was largely devoted to business, with the exception of one address on "Social and Moral Prophylaxis" by Miss Carson, of the Committee on Social and Moral Reform.

The question of delegates to Cologne was discussed. Miss Phillips, Montreal, undertook to provide a Jeanne Mance costume for the pageant.

The following changes in the constitution were adopted:

Article VI, Sec. 2, now reads: Each affiliated association composed of ten members or less shall be entitled to one delegate, each affiliated association of eleven to twenty members, two delegates; no association shall have more than five representatives at the annual meeting.

Delegates present at the annual meeting shall be entitled to cast total number of votes to which their association is entitled.

Article X now reads: The initiation fee for each affiliated association shall be five dollars. Permanent members shall pay an annual fee of one dollar. Each affiliated association shall pay two dollars for each delegate that it is entitled to send to the annual meeting; this shall constitute the annual fees of each association.

The amalgamation of this Association and the Canadian Society of Superintendents of Training Schools for Nurses was proposed. There was considerable discussion.

A committee was appointed to consider the matter and report at the meeting at Hamilton in May.

The officers for the next year are President, Miss Mackenzie, Ottawa; First Vice-President, Miss Brent, Toronto; Second Vice-President, Miss L. C. Phillips, Montreal; Secretary-Treasurer, Mrs. Fournier, Gravenhurst, Ont. Directors: Miss Macfarlane, Vancouver; Miss Wilson, Winnipeg; Miss Colquhoun, Montreal; Miss Rowan, Toronto; Miss Greene, Belleville; Mrs. Staebler, Sherbrooke.

Miss Carson gave an interesting and helpful address, after which the delegates and members went to the Toronto Graduate Nurses' Club, 295 Sherbourne Street, where they were entertained at a buffet luncheon. Every visitor was delighted with the new Club and congratulated the nurses of Toronto on the possession of such beautiful and commodious headquarters.

The afternoon session was devoted to a symposium on social welfare. Miss

Mary Wadley, R.N., New York, gave a most interesting, instructive and helpful paper on "Hospital Social Service." The paper on "Work in Social Service Department, Toronto General Hospital" by Miss Nora Holman, R.N., showed the great possibilities of the work, in which a good beginning had been made.

"Social Aspect of Tuberculosis" was the subject of an interesting paper given by Miss Eunice H. Dyke, R.N., Tuberculosis Division, Medical Health Department, Toronto. The discussion was led by Miss L. L. Rogers, R.N., Superintendent of School Nurses, Toronto. A number of questions were asked Miss Wadley, who kindly responded to all, and much useful information was the result.

Dr. Richard Cabot, Boston, who was to give an address on "Social Service," was unable to be present in time for this meeting but spoke later for a few minutes in Annesley Hall, where the nurses and their friends were entertained by the University Women's Club.

A full report will, we hope, be available soon, so as to give those unable to attend the opportunity of reading the very excellent papers that were given.

ANNUAL REPORT OF FLORENCE NIGHTINGALE ASSOCIATION, TORONTO.

On Tuesday, April 2nd, the Florence Nightingale Association held its second annual meeting at the new Club, 295 Sherbourne Street, with a large attendance.

Miss McKenzie, R.N., President, occupied the chair. The report was read by Miss Wardell, R.N., Secretary, and showed a large paid up membership, fifteen new members having joined during the year. Several resigned, among which were two of the directors, Miss Griffith, who left for her home in Suva, Fiji Islands, and Miss Wilson, who is going to make her home in Winnipeg.

Three new directors were elected, Miss Helen, Miss Hoyt and Mrs. Wiggins, Miss Pringle being re-elected, Miss Hamilton and Miss Waddell retiring.

Miss J. Wardell, R.N., was unanimously urged to continue her office of Secretary-Treasurer, which position she has so ably filled since the formation of the Association.

Owing to her inability to attend the meetings, Miss Urquhart resigned her office as representative to the Registry Committee, and Miss Pringle was elected in her place. Miss Van Every will act as representative to "The Canadian Nurse."

After the business was concluded refreshments were served in the pretty dining-room, Miss Robinson, Superintendent of the Club, kindly officiating in pouring the coffee.

The Association had great pleasure in welcoming new members, and also in having Miss Brent and Miss Eastwood, two of the honorary members. Miss Crosby and Miss Ewing were the guests of the Association during the social part of the evening.

The Association will in future meet monthly on the first Tuesday.

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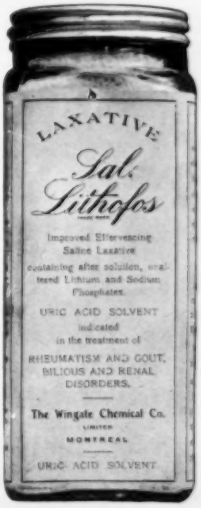
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ANNUAL MEETING OF HEATHER CLUB.

The largest audience yet in attendance at any meeting of the Club encouraged the workers on the evening of March 22nd, when the annual meeting was held in the Residence, Hospital for Sick Children, Toronto.

The Chairman, Dr. Harold Parsons, described the growth of the clinic, three doctors having been added to his staff of colleagues—Dr. J. H. Elliott, Dr. Minns and Dr. Strathy. There is now an overflow clinic on Saturday mornings.

The retiring President's report showed that the work planned by the Club three years ago had been acomplished for the children under its care, and thanked all who had shown interest in the work for making this possible.

The Treasurer's report showed $1,769.47 spent in the work during the year.

The report of the Visiting Nurse, Miss Charters, showed the number of patients attending the Wednesday clinic to be 250; eight of these had been admitted to the hospital during the winter, two had been sent to Weston Sanitarium and one baby of thirteen months had died.

The relief work during the winter has been heavy, as seen by the following distributions—450 garments, 20 pairs rubbers, 16 pairs shoes, two beds with bedding, 2,000 quarts milk and 200 bottles medicine.

The Secretary, in summing up, said: "The possibility of what may be accomplished is only limited by lack of money to carry on this work which waits at our door. This work has come to us and now not to go on means death to a countless number of little ones."

Mr. J. Ross Robertson has promised to finance the work at the Island this summer, which leaves more money for the winter work at the disposal of the Club.

Dr. Hastings, M. H. O, gave an instructive address on "Tuberculosis." He said: "One hundred and twenty-five to two hundred people die per hour of tuberculosis throughout the civilized world." He told what was being accomplished by preventive medicine in Germany, England and countries where proper sanatoria, pure food properly labelled and sanitary surroundings were provided. He also emphasized the possibilities of stamping out the infection in the youth of our country if all energy were concentrated to this end.

Dr. G. D. Porter in moving a vote of thanks to the speaker of the evening and Dr. J. H. Elliott in seconding same, spoke optimistically of the efforts put forth to save children, of the excellent work of the School Nurses and the Tuberculosis Visiting Nurses.

Miss Brent, after reading the report of the nominating committee, spoke feelingly of the excellent work done by Miss Hamilton, the retiring President. She was heartily applauded, for all connected with the Club know of Miss Hamilton's untiring zeal in behalf of the little folks.

The Club launches out upon a new year of effort, desirous to enroll as member every nurse in Toronto, and with many plans for the weal of these infected children.

The new officers are: President, Mrs. H. Clutterbuck, 148 Grace Street; Vice-President, Mrs. G. Macbeth; Corresponding Secretary, Miss T. Ballantyne, 56 Rose Avenue; Secretary, Miss S. Fellows, 578 Sherbourne Street; Treasurer, Mrs. H. Fullerton, 176 Geoffrey Street; Visiting Nurse, Miss Charters; Directors, Miss Brent, Miss Geddes, Mrs. J. H. Elliott, Miss L. L. Rogers, Mrs. Wallace. Conveners of Committees—Printing, Mrs. G. D. Porter; Purchasing, Miss M. Ewing; Visiting, Mrs. Burland; Membership, Mrs. Loosemore; Sewing, Mrs. J. T. Parker. Press Representative, Miss Grace Gowans.

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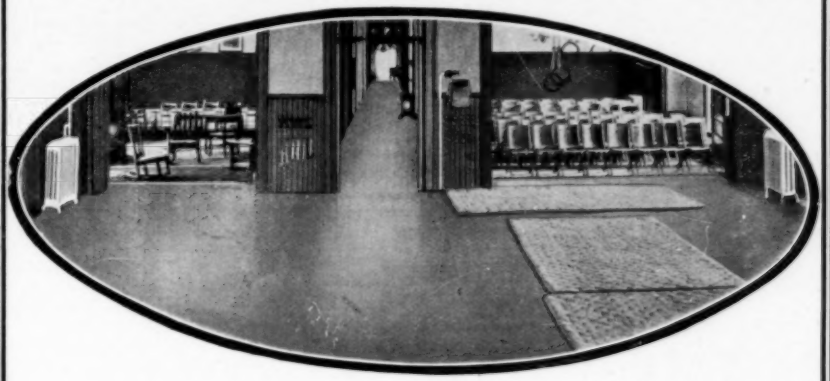

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(Continued from page 250)

Registration was discussed at the business meeting on April 2nd.

Mrs. Feygart, of the C. N. A., has been obliged to return to her home in the old country on account of ill health.

Miss Rogers, 15 Union Street, Kingston, and First President of the C. N. A., has recently lost her only sister. The association extends to her most heartfelt sympathy in her bereavement.

Miss Phillips is attending the Canadian National Association of Trained Nurses at Toronto and intends remaining in Toronto until the end of the month.

Mrs. Rowbottom, whose death notice appears in this issue, was a graduate of the M. G. H. and one of the C. N. A.'s old members. Her friends here were very much shocked to hear of her death and extend their sympathy to her husband.

CORRESPONDENCE.

To the Editor of the Canadian Nurse:

Dear Madam,—I would like to tell nurses who sit down to bathe a baby, how much more convenient it is to have the baby on a table or bed of moderate height, and proceed as you would to give an adult a sponge bath. If the bed is used, it must be protected with a small rubber sheet and blanket, and if a table, place on it a thin pillow covered with rubber sheeting and small blanket, on which the baby may be laid while it is being bathed. The advantages of standing to bathe and dress an infant are many.

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The author emphasizes the need of the skilful performance of every detail of nursing. The success or failure of the work of physician or surgeon depends upon the nurse. The technique of the nurse must be as exact as the technique of the surgeon. The chapters, six in all, deal with Medical Nursing, Surgical Nursing, After-care of the Patient and Maternity Nursing. The instructions are detailed and complete.

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BIRTHS.

MATHER—At the General Hospital, Collingwood, Ont., on Thursday, February 1st, to Mr. and Mrs. W. J. Mather, a son (James Morton).

Mrs. Mather (nee Morton) is a Graduate of the General Hospital, Collingwood, class '05.

FREEMAN—At the General Hospital, Collingwood, on Monday, April 1st, to Mr. and Mrs. W. Freeman, of Stayner, a son.

Mrs. Freeman (nee Laura Diner) is a Graduate of General Hospital, Collingwood, class '04.

MARRIAGES.

TRICE—NEWALL—On October 28th, 1911, at "The Manse," Bonar Presbyterian Church, Toronto, by Rev. Alex. MacGillivray, Miss Newall, graduate of Toronto General Hospital, to Mr. Theodore Trice, 100 Westmoreland Avenue, Toronto.

ARTON-SONES—CAMPBELL—At Prince Albert, Sask., on December 5th, by Rev. Mr. Strong, Miss Florence I. Campbell, daughter of the late Mr. Campbell, barrister, Chatham, Ont., to Mr. William Arton-Sones, Big River, Sask. Mrs. Arton-Sones is a graduate of Hospital for Sick Children, Toronto, and late Superintendent of Victoria Hospital, Prince Albert, Sask.

LANE—HUCK—On November 29th, 1911, at 193 St. George Street, Toronto, by Rev. Professor Robertson, Knox College, Miss Madeline M. Huck to Rev. D. J. Lane, B.A., Cookstown, Ont. Mrs. Lane is a graduate of Toronto Western Hospital, class '09.

MACDONALD—MINNS—On December 14th, 1911, at St. Clemens' Church, Toronto, by Rev. John Bushell, Miss Minns, graduate of Toronto General Hospital, to Mr. Duncan Macdonald, 16 Pine Hill Road, Toronto. Mr. and Mrs. Macdonald are spending their honeymoon in Bermuda.

DEATHS.

WEIL—On March 9th, at Niagara Falls, N. Y., Mrs. Weil (nee Sarah Williams), Graduate of the Mack Training School, St. Catharines, Ont.

ROWBOTTOM—At the Bungalow, Cedros, Trinidad, B. W. I., on Wednesday, February 21st, 1912, Annie Ethel, dearly beloved wife of R. S. Rowbottom.

The late Mrs. Rowbottom (nee Annie E. Hodgins) was a Graduate of Montreal General Hospital and a member of the Guild of St. Barnabas. It is with great sorrow that her many classmates and friends learn of her sudden death.

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